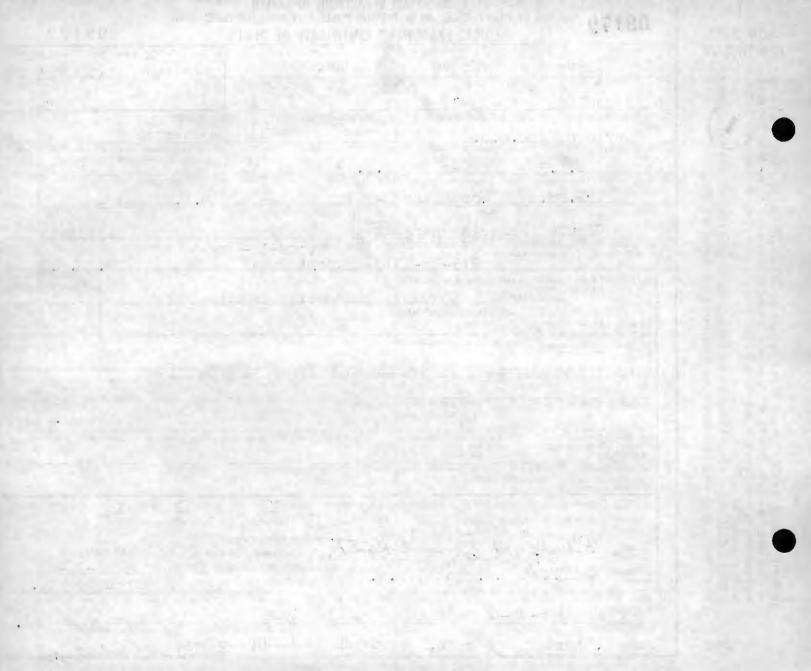
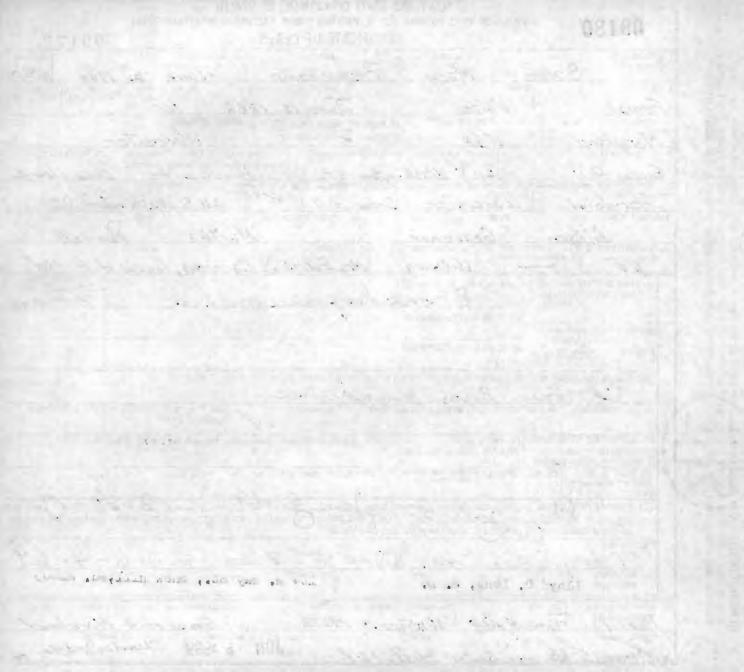
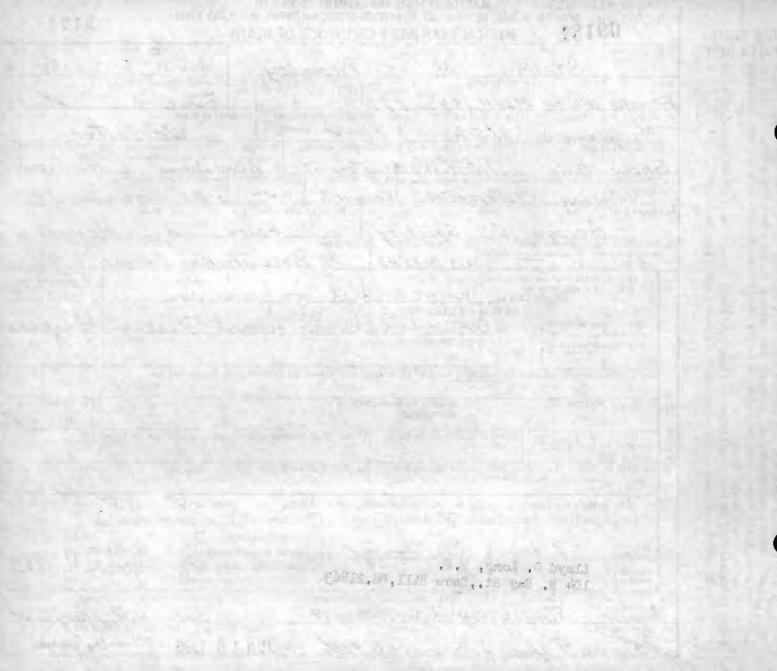
1/1	It	em 10 Film 41	ON OF VITAL RECORDS, 301 W. P.	RESTON STREET, BALTIMORE,	MARYLAND 21201	
FOR STATE		09113		'S CERTIFICATE OF D		09172
HEALTH DEPT.			rst Middle	Lost	20. DATE KNOWN Month OF ESTI-	Day Year 252HOU
loy is Poge Poge		CTIAG	James	Bassett	DEATH MATED 🗆 6	25 699 P
3 dele	3. 5			rthday) MONTHS DAYS HOURS	ANN. Month Doy	Year 2d. HOU
2, and 3 nn Pama. Pog	-	lale White BIRTHPLACE (Stote or foreign			6 26	1969 2A
-(E &	cani	itry)		MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Worcester	
the day	10.	Maryland CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12a.	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
hours offer death tem 18. Give Pages 1, Office along with form 1 and 2 with the State Do	I	Berlin R.D.	3 give street oddress) Berlin	R. D. 3	g most of working life, even if retired.)	INQUSTRY Farming
s ofter 18. Give along with th	13a	USUAL RESIDENCE (Where does	ared lived if institution. Residence before	13c, CITY OR TOWN 13d, INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	A SOUR PRODUCTION
18. 2 w	_	dmission) STATE MM. Md		Berlin YES 🗆	NO _ R.D. 3	
24 hours in Item 11: S Office is 1 ond 2: offer d	14. 1	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME		Last
ri siris	140	Claude WAS DECEASED EVER IN U.S. ARME	The second secon		a	Holloway
I within 2 n pencil ii Examiner File pages		(es, no, ar unknown) (If yes g	rive war or dates of service)	(SOII-T.		
d within in pencil Examine File pag n 72 hou		NO DEATH (Fater	215-36-13 only one cause per line for (a), (b), and (c).)	10 Robert Ewe	Il Berlin, M	APPROXIMATE INTERVAL
shauld be executed in ory event Medical Eburial-transit permit. Find only event within		PART I DEATH WAS CALL	SED BY: DIATE CAUSE (a) PAYONA (c).	/ / /		BETWEEN ONSET AND DEATH
pending" ef Medical nsit permit.		9109	DUE TO, OR AS A CONSEQUENCE OF	Accidental di	comutus.	
d be exe d "pendi Chief Me transit pe y event		Conditions, itany, which gave rise to immediate couse (o)				*.
shauld e word o the Ch ourial-tra in ony		stating the underlying cause	COLUMN TO THE SECOND COLUMN THE SECOND SECON			
sha whe was to the buried in d in		last.	(c)			
os on on		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
is certificate, writing farworded e used os oremoval, on	NOI	19g. DATE OF OPERATION	19b. CONDITION FOR WE	HICH OPERATION		20. AUTOPSY?
	CERTIFICATION	7707 04712 04 04 04 04 04	WAS PERFORMED?	THE CHARTON		YES NO
F 0 0 T		21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Manth, Day, Year	21c. HOW INJURY OCCURRED (E	nter noture of injury in Part 1 or Part 2, I	
INER: The certification of the	MEDICAL	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	HOUR A,M. 19			
(AMINER: te the certipe 4 should your files. age 3 shou	ME		e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.)	21f. LOCATION Street or R.F.D. No	city or Town	County Stote
ute that the your your Page		AT WORK AT WORK				
AL B			I took charge of the remains described			
Se esector ined		death resulted fram:	Natural causes [], Accident	X, Suicide , Hamicia	de 🔲, Undetermined manner	
please e please e director retained.		ACTUAL DO	Plans & Ve	CHIEF MEDICAL		CLOMPS
RAI Pri		SIGNATURE	Fora 6. 6	APPLITY MEDIC	DICAL EXAMINER 22b. DATE AL EXAMINER Acting	
O DEPUTY COLOR INCOME. The funeral directs of moy be retained of moy be retained of the funeral Direct Health Prior to be the funeral Direct of the funera		EXAMINER'S Cliff	drd E. Schott, M.			ester Co.
ro DEPU necesso the fun 5 moy 70 FUNE Heolth	230		b. DATE 23c. NAME OF C	METERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
			6-29-69 Sunset	Memorial Park	Berlin Word	ester Md
(b)		FUNERAL DIRECTOR	ADDRES		D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
VR A15ME (5) 10M REV. 1768	1	Anna A. Burt	page Berlin, Mar	yland DATEJU	L 2 1989 OCC	A 1



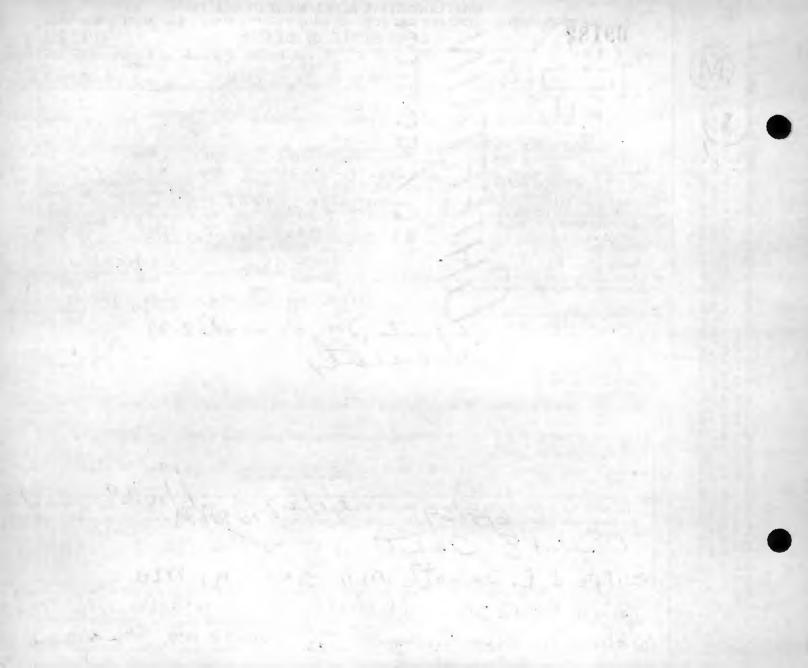
			MARYLA	ND STATE DEPARTMENT OF F	IEALTH			
	1	09180	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT	MORE, MARYLAND 21201			
		09190		CERTIFICATE OF DEATH		09173		
	ئے ہ	1. DECEASED-NAME F	irst Middle	Lost	2a. DATE OF DEATH	2b. HOUR		
er deoth funeral	deoth.	(Type or print)	Mie Mary	Barustona	Month Day	1010 11.45 ON		
p in	- L	3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.		
xecuted within 24 hours after death I completely filled in-by the funeral and 3	Urs after o	1-0	1111:4		last birthday)	MONTHS DAYS HOURS MIN		
ST. Y	5	7c. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH			
ecuted within 24 hours completely filled in by	ALC: N	country)	7. CHIZEN OF WHAT COUNTRY!	8. MARRIED NEVER MARRIED	7. COUNTY OF DEATH			
2 2/2		Marujani	USA	WIDOWED DIVORCED	Worceste	Md Md		
ie ie	E .	10, CITY OR FOWN OF DEATH	give street address)		L OCCUPATION (Kind of wark dane ast of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
ed with	() () E	Snow Hill	211 S. Wash	ington St.	Housewife	Own Home		
ed	event	13o. USUAL RESIDENCE (Where der odmission) STATE	teosed lived, if institution: Residence befor	B 43c. CITY OR TOWN 13d. INSIDE CITY LI	MITS? 13e. STREET AND NUMBER			
omi cat	2003	Maryland	Warcester	Snow Hill YES NO	- 211 S. Washin	glan St.		
e execut	in ony	14. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F	irst Middle	Lost		
, m / O	= /	Alisa	n Gravenor		Martha 1	Purmell		
icale be	and	160. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	Address			
The second second	buriol, cremation, or remayal, and	Yes, no or enknown) (If yes o	we war or dates of service) Un Anger n	Mrs. Edith B	Carmean Sugar	Hill Mel.		
that the death certion. The standing phenome the comment of the content of the c	may may	IR CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), and (d) /	7	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH		
of the death cer the ottending p	<u> </u>	PART I. DEATH WAS CA	USED BY:	a han mous	0 00110	3 A 2 1		
he death ottendir	0,0	485x 1MM	EDIATE CAUSE (o)	The policy	morning.	- July		
ine of	tion time	Canditions, if any, which go	DUE TO, OR AS A CONSEQUENCE (II.		· ·		
7 2 ±	E E	rise ta immediate cause (D), (D)	-				
± 10 9 5	Cle	stating the underlying cou		lt-				
PHYSICIAN: The law requires that the hospital or attending physician. his certificate has been signed by the his certificate has been signed by the his certification of the his certification of the historial for use or the historial.	2.0	lost.) (c)					
PS PE 8	2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)			
A Pin Ba	100	5 CKTO	me grams	synarome				
The law re attending hos been	2.5	190. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING		
HE 4 8	Health prior to t	190. DATE OF OPERATION 1		AEZ 🗌 NO 🔼				
YSICIAN: ospital or certificate	edie	210. ACCIDENT WAS UNDER			nature of injury in Part 1 or Port 2,	Item 18.)		
E SE	i j	OR CONTRIBUTING CAUSE OF	aminer) P.M.	19				
5 PHYSICIAL The hospital This certifical	Dept.		21e. PLACE OF INJURY (AT HOME, FARM, STREET,	FACTORY.) 21f. LOCATION Street or R.F.D. No	City or Town	County State		
P.H. Fries	o o	While Not while ot wark	COFFICE BUILDING, ETC.		10 A	10 -		
ATTENDING etained by the CTOR: After the CTOR		22a. certify that (1)	(this haspital) attended the deced	sed from some of, 196		(O), that (I) we) las		
A P P	e c	caw the decorrer	alive on whe	19 (29 and that in (my) (our) on	nian death occurred an the do	ate and haur and fram the		
ATTEND etained CTOR: A	<u> </u>		ove (I)) (we)(did))(did not) view th	e body åfter death.	· · · · · · · · · · · · · · · · · · ·			
OR ATTENT be retained DIRECTOR: A	2	22b. SIGNATURE	MA L	ATTENDING ATTENDING	NED. STAFF 22c	DATE SIGNED		
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	o pa	Llore	do Tong	DEGREE PHYS.	IRECTOR L PHYS. L	3-4-67		
A P P	三年 /	22d. PHYSICIAN'S	on Constant	22e. ADDRESS	Ly Ste, Show Hill	د و الله الله الله الله الله الله الله ال		
TO HOSPITAL OR ATTENDING PHI Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this	shauld be filed	NAME (Type) IIO	yd 0. Long, M. DI'					
Poge 7	100		3b. DATE 23c. NAME (OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)		
000	존	Suria P	une 5 1969 Wha	Toot Moth.	Snow Hill	Maryland		
_	A ISINA	24. FUNERAL DIRECTOR	ADDRE		Y REGISTRAR 2Sb. REGISTRAR'S			
	REV. VOR	Monnday of he	Emmes Snow He	11. MIL DATE UN	5 1969 Volian	TEN YELLES		
	11 11							



		19/69 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	19/	09181 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1.0	DESCRIPTION NAMED TO A DESCRIPTION OF THE PROPERTY OF THE PROP	b. HOUR
		(Type or Print) Stella M. Bromley DEATH MATED 6 9 1969	
5 m 2 to	3. 5		M A HOUR
9 E 60		lest britiday) MONTES DAYS HOURS MAIN. Month Day Year	
1 /86.3		BIRTHPLACE (Stote or foreign 7b. CITIZIN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	M
of form, I	(00	mity/ null 1/5 A WIDOWED TO DIVORCED 1/2	Md
Poges ith for	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINE	SS OR
ofter deoth 8. Give Poges 1, dlong with form with the Stote D	1.	Snow Hill give street address) Nashington St. during most of working lite, even if retired.) INDUSTRY Newspap	ra in
fre Giv	13a	1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CAY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
2 with 2 with 2 with 2	-	odmission STATE 13b. Worcester Snow Hill YES NO 110N Washington 57	_
hould be executed within 24 hours ofter deoth word "pending" in pencil in Item 18. Give Pog the Chief Medicol Exominer's Office along with rial-transit permit. Eile pages I and 2 with the Ston only event within 72 hours ofter death	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
r's C	-	George C. Shackley Laura G. Hearne	
hin 24 ncil in niner's pages		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO	
I within n pencil Exomine Eile page		NO 213 017586 Mr. Base Shockley Snow Hill, Ma	_
be executed in inef Medicol Example Institute		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ERVAL D DEATH
xecute nding Medicol permit.		IMMEDIATE CAUSE (a) Myocardial Insurction I min	uti
be executed "pending" in nief Medicol E ansit permit. E event within		DUE TO, OR AS A CONSEQUENCE OF	
d be d 'p Chie		(b) arterioscleration Heart Disease Tyle	ars
should be en word "per to the Chief I burial-transit		sloting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
to the burn		(1)	
INER: This certificate should be terrificate, writing the word should be forwarded to the Clifles. 3 should be used as a burial-transfer, or removal, and in any	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certific te, writin forword to used or	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY?	
This continue, be for an or rem	TIFIC	WAS PERFORMED?	NO TO
The iffical bear or or		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
KAMINER: Tile the certificate of the should be your files. Oge 3 should cremotion, or	MEDICAL	CAUSE OF DEATH P.M. 19	
	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County	State
L EXAMINER ecute the cer Poge 4 shoul or your files. R: Poge 3 should, cremotion	11	WHILE AT WORK AT WORK Toclory, affice building, etc.)	
- 9 - 0 & p		220. I certify that I toak charge of the remains described above, held an Autopsy , Inspection I Inquiry and in my	opinion
DICA please ex director. etained DIRECTO	1	death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined monner []	
please e director retained DIRECT DIRECT OF TO but	-	CHIEF MEDICAL EXAMINER	
nry, ple eral di be retr RAL Di prior		SIGNATURE Lay De Jong M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	210
DEPUT Scessory, e funer may be FUNERA		EXAMINER'S Liloyd O. Long, M.D. Deputy MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY	67
TO DEPUTY necessory, p the funeral S may be r TO FUNERAL Health price	72.0	NAME (Type) 104 N. Bay St., Snow Hill, Md. 21863 ADDRESS(Street, city, town, or county) BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 123d. LOCATION (City of Town) (County) (State)	
7 - 10,12	Z30	REMOVAL (Specify)	0)
	24.	FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR 250. REGISTRAR'S SIGNATURE	rel_
VR A15ME (\$) 6		The still is a little of any HIN 10 1000 Minute Outer	
IOW KEY IVED THE	-	Torman 1. Manne, Snow Hill, Mille Walled 1 6 1969 in the grantes	



1 /	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
년 등 있 년	09182 CERTIFICATE OF DEATH 09175	
after death	1. PLACE OF DEATH a. COUNTY Worcesler MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before a. STATE b. COUNTY Orcesler	les
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give near write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. GITY OR TOWN (if outside corporate limits, write RURAL and give near limits and gi	est town)
fills in the state of the state	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS R. 7. D. VES D. YES D.	ESIDENCE A FARM? NO []
completely ve carbon event, within	(Type or print) Ida Jane Donaway DEATH June 10, 19	rear 969
executed within in and completely remove carbon in any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 19. AGE (10) years IFUNDER 1 YEAR IFUND HOURS HOURS HOURS WIDOWED DIVORCED DIVORCED S8 yrs.	's Min.
sician erse and in	10a. USUAL OCCUPATION (Give kind of work done INDUSTRY) 11b. KIND OF BUSINESS OR INDUSTRY 11c. COUNTRY & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY?	AT A
death certificate ne attending physi permit. Then ple iton, or removal, a	John T. Littleton 14. Mother's Maiden Name Cooper	
e atten	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. / INFORMANT Address Borling Address Borling	My
requires that the ding physician. been signed by the burial-transit or to burial, cremain	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) INTERVAL 8 ONSET AND DUE TO Underlying cause last.	ETWEEN DEATH
PHYSICIAN: The law the hospital or atten this certificate as detached for use as e Dept. of Health prie	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) 19. WAS PERFORMED. 20a. ACCIDENT WAS INDERLYING TO 1.20b. DESCRIBE HOW INVIEW OCCURRED. (Enter nature of Johns In Part 1 or Part 11 of Item 18.)	AUTOPSY ORMED? NO []
HYS he h this etac Dep	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(State)
After Stat	p.m. 19 at work at work	(we) last
oge 3ge 3	223. SIGNATURE COLUMN.D. ATTENDING MED. STAFF 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED	Lu iliyote
TO HOSPITAL Page 4 may O FUNERAL director, page	22c. PHYSICIAN'S E NAME (Appe) Set att m) 3erin, md. 23g. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR PREMATORY 23d. LOCATION (City, town or county).	(State) /
2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	REMOVAL (Specify) (25). DATE THEREOF 250. WASHE OF CEMETERT OR GREWATORY 250. ECCATION (City) TOWN OF COUNTY (red,
VR AI5 (4)	Kiehard I, Walson Selbyrelly, Del. Date UN 1 & 1000 mis- and June	M.



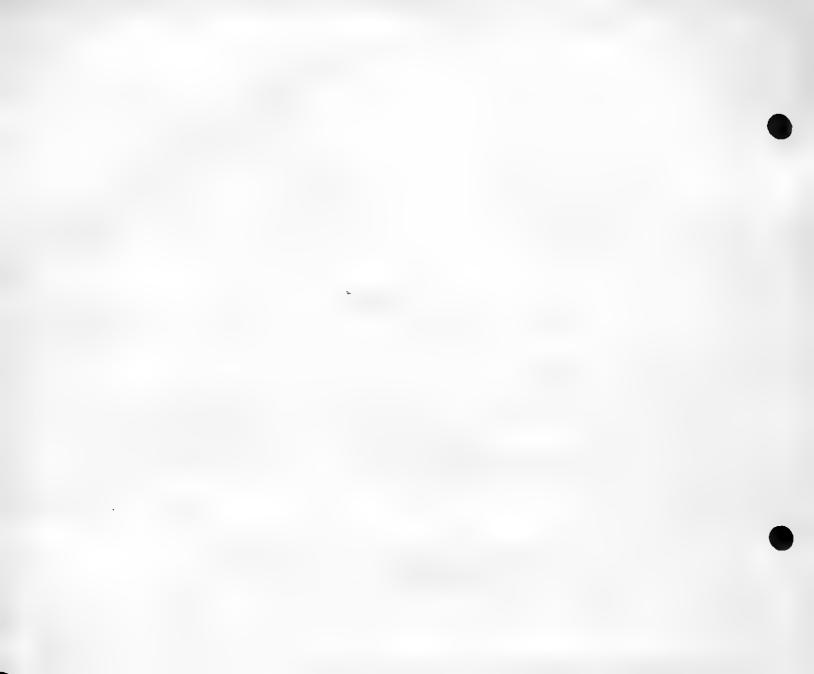
1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	6	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09176
EALTH DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month Ype or Print) OF ESTI-	Doy Yeor 2b. HOUR
and 3 ta	3. \$	Elizabeth Hodinett DEATH MATED Jun	e 27 1969 M
rment	15	emale Nearo Jan. 22 1924 Got britiday MONTHS DAYS HOURS MIN. Month Day	Year 19 M
T / F		SIRTHPLACE (State or Greign 76. CITIZEN OF WHAY COUNTRY? B. MARRIED TREVER MARRIED 9. COUNTY OF DEATH	
NIA	(OUT	TY OR YOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12a, USUAL OCCUPATION (Kind of work done	112b, KIND OF BUSINESS OR
and Sta	10, (give street oddress) during most of working life, eyen if retired.)	INDUSTRY Sten Home
2 with the Start death.		USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 18d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	the prome
Chee 2		mission state 13h. Wareestar Show Hill YES NO P	
land 2	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
pages		WAS DECEASED EVER IN U.S. ARMINIFORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Makuowa_
72	[]	es, no, or unknown) (If you give was or dates al service) Unknown Hermon Hodnett Snow	4:11, 144.
event within		18. CAUSE OF DEATH (Enter only one couse per line for (9)) (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
perm wi		303) IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o) AS A CONSCIUNANCE OF	2 /25
ever		Conditions, if ony, which gove pise to immediate couse (o). (b) Chrome alloward	15 WE
any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
as a burial-transit permit. I, and in any event withir		lost. (c) (c) (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ((0)	
s should be used as latian, ar removal,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
a X	ERTIF	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2,	YES NO NO
crematian, ar	MEDICAL (PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19	nem 10.)
	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (Af home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
, cre		AT WORK AT WORK	
CTOK: P burial,	3	22a. I certify that I took charge af the remains described above, held an Autopsy . Inspection Inquiry death resulted fram: Natural causes . Accident ., Suicide ., Hamicide ., Undetermined manner	
L DIRECT		CHIEF MEDICAL EXAMINER	
AL DIRE		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DAT	E SIGNED
5 may be retained for yaur O FUNERAL DIRECTOR: Page Health priar ta burial, cren		EXAMINER'S Dobert C. LaMar, M. D. 104 Bay Street DEPUTY MEDICAL EXAMINER Worcest	6-28-69 ter Co.
He H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
	4	emoval Sure 28 1969 Williams Tuneral Home Roanoke	Virginia
15ME (5)	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR DATEJUN 3 0 1969 ACLIA	
v. 1/68	2	mary 1. Harris Show Hill Hill palle on 0 0 1000 4	7 - 7

TOTAL STREET, and the last of th with the best of the state of t the same of the sa ace you - los 18 Milest South and a los of the

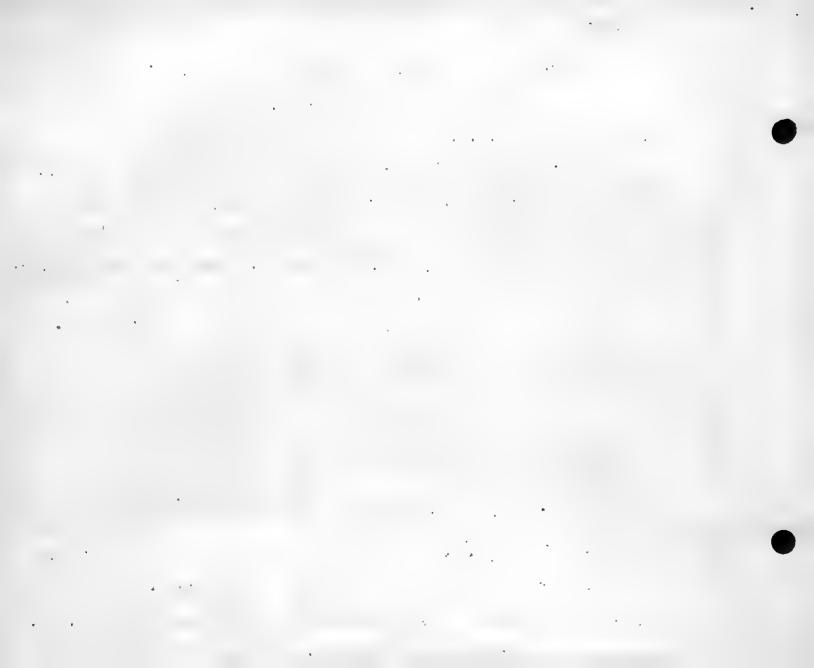
	1			NO STATE DEPARTMENTS		UND 21201				
0364		09184	DIVISION OF VIIAL RECORDS	ISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH						
	1. D	CEASED NAME First	Middle	Last	2o. DATE OF DEA		2b HOURA.			
death death	(1	ype or print) WILLI		LEWIS	Jur	Month Doy Year	/12			
offer dead	3. SE		4 RACE	S. DATE OF BIRTH	6/	GE (In years IF UNDER) YE				
after		Male	White	Oct. 3	l la	st birthday) MONTHS D	AYS HOURS MIN			
THE PARTY OF THE P	7o 1	IRTHP: ACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED						
	caut	irginia .	U.S.A.	WIDOWED DIVORCED	WOF	CESTER	bM			
filled poor thin	10. 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR I		120 USUAL OCCUPATION (Kin	d af work done 12b KIN	OF BUSINESS OR			
PHYSICIAN: The law requires that the death certificate be executed within the haspital or attending physician. It is certificate has been signed by the attending physician and campletely fills stacked for use as the burial-transit permit. Then please remove carban potents af Health prior to burial, crematian, ar removal, and in any event, within	E	ocomoke City	give street oddress P. D	. 2	during Mechanic	even if refired) Pro	cessing			
ed v	13a	USUAL RESIDENCE (Where deceas	sed lived, if institution: Residence before	l ve		AND NUMBER				
scuti ave / evi		ssion) SIATE lary Land	13b COUNTY Worcester	Pocomoke 1	s□ NO[X]	R.F.D. 2				
wa pug	14 1	ATHERS NAME First	Middle Last	IS. MOTHER'S MAIDER		Middle	Last			
se radindin		Charles			Roxie		sells			
ficate be ysician a please al, and ir	16a.	WAS DECEASED EVER IN U.S. ARM es_no, or unknown) (If yes give w	encordates of services			Address	~			
he death certifn attènding phy permit. Then ian, ar remaval	H		228-01-1	+505 Mrs Vivi	an C. Lewis		City. Md.			
e Ha		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE!	try one cause per luga for (a), (b), and (Mussand	1091		EEN ONSET AND DEATH			
rend mit.		1MMEDI/	ATE CAUSE (a)	1 juguelle	car ampair	C/10-11	anukes			
he of per tran	L	Conditions, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE O	Ex K. Killer	1. Alana	111	1.lens			
nsit ma		rise ta immediate cause (a), ((0)	ory wares	MARIOCEAR	17	79-4000			
4 5 4 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE C							
aquires tha physician. signed by burial-tran burial, crer	ı		NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	SEASE OR CONDITION GIVEN IN	PART 1(o)				
The law requires the attending physician. has been signed by se as the burial-trail the prior to burial, cre	.,,			/						
law re nding been s the ior ta	CERTIFICATION	190 DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200. AUTOPSY7		WERE FINDINGS CONSIDERED	IN CERTIFYING			
se as	崖			YES [NO CAUSES OF	DEATH?				
by the haspital or fler this certificate be detached for u State Dept. of Heal		210 ACCIDENT WAS UNDERLYIN		21c, HOW INJURY OCCURR	RED (Enter noture of injury in	Port 1 or Port 2 Item 18.)				
rsician: aspital or certificate hed far u	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M. Manth Day Yes iner) P.M.	19						
hasp hasp che	×	21d INHIRY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET, OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street or	R.F.D. No City or T	own County	Stote			
this the detection of the property of the prop		While Nat while at wark at wark								
by frer be Stat	ł	22a. I certify that (I) (th	nis hospital) ottended the deced	sed from	, 1255, to XCL	1964, 1964, 1	hat (I) (we) lost			
ATTENDING stained by the CTOR: After the should be definitely the State		saw the deceased a	ilive an (did) (did not) view th	e body after de ath	(sur) opinion degan accu	rrea on the dote and no	ur and from the			
ATI ATI		22b SIGNATURE	1		and the same of th	22c DATE SIGNED	1-			
OR De r	1	Cha	reswind	DEGREE PHYS	DIRECTOR PH	45 0 6-28	-69			
AL Dag k	L	22d. PHYSICIAN'S		22e. ADDRESS						
SPIT 4 m 4 m d be	L	NAME (Type) Char	rles W. Trader,		ocomoke, Ma					
Page 4 may be retained by the haspital or attending physician. Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pal shauld be filled with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within	23a	manually to Ch		F CEMETERY OF CHEMATORY	23d LOCATION (C		(Stote)			
5 5 5 5 5 5				st Baptist	Pocomo	ce City-Wor	Md.			
VR A15 (4), 1 30M REV. (708)	1	HUNERAL DIRECTOR	ADDRE			25b. REGISTRAR'S SIGNATURE	udge .			
SUM KEY, 17 OB	丰	MACO N. MA	Pocomoke	City, Md. DA	ATJUL 2 1969	7	<i>A</i>			
	4	CAMPATA TIE MAN	v ~ v 1 h							



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3	(10185 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		Item#23a, FilmGhil 7/7MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09178
HEALTH DEPT.		PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission)
N 5 6 7		O. COUNTY WORCES TER MARYLAND O. STATE FLORING D. COUNTY
and the second s		b CITY OR TOWN (If outside exporate limits, and give nearest town) write RURAL and give nearest town) RURAL and give nearest town) RURAL and give nearest town)
\$ \\ \frac{1}{2} \\ \	-	A NAME OF HASPITAN OF INSTITUTION (If not in heariful anno street address) 4. NAME OF HASPITAN OF INSTITUTION (If not in heariful anno street address) 4. NAME OF HASPITAN OF INSTITUTION (If not in heariful anno street address)
- E A		915 NW 34 Que. ON A FARM? YES \square NO \square
after death If B. Give Po Jes alang with Tan w th the State J	3	NAME OF DECEASED PAVL Middle DB WWILE OF GOT 1969
or de ive g w		
	S	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS IN 18 COLOR OR RACE 7 MARRIED DIVORCED 3-26-1913 9 AGE (In years IF UNDER 24 HRS IN 18 COLOR OR RACE 7 MARRIED DIVORCED 3-26-1913 9 AGE (In years IF UNDER 24 HRS IF UNDER 24 HRS IN 18 COLOR OR RACE 7 MARRIED DIVORCED 3-26-1913 9 AGE (In years IF UNDER 24 HRS IF UNDER 24 HRS IN 18 COLOR OR RACE 7 MARRIED DIVORCED 3-26-1913 9 AGE (In years IF UNDER 24 HRS IF UNDER 24 HR
haurs Item 18 Office I and 2 v	100	LSUAL OCCUPATION (Sive kind of work done 106 KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
— a)	dur	ng most of working life, even fret cod) INDUSTRY Marsh 15 Warsh 15
	13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME
n negal r xamin r File pag 72 hours		unknown
	15 (Y ₁	WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO WINFORMANT Address Address Address
e executed pending" (ef Medical nist permit.	_	26.7-16-388 Three year 700 11.10.19 Jele. 10mpaco Te
be ey pen		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PROTUNING IMMEDIATE CAUSE (o)
1 0 1		184 X DUE TO
shauld e ward a the Ct ourial-tra		Conditions, if ony, which gove) (b)
te s the d ta d bu		rise to immediate couse (a). stating the underlying cause DUE TO
certificate shauld writing the ward in the Cirwarded ta the Cirsed as a burial-trused as a burial-trused as a burial-trused as a contraction of the circuit and in any execution.		lost (c)
	CERTIFICATION	PART I OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I/g) 19 WAS AUTOPSY PERFORMED? YES NO
	STIFIC	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port II of item 18)
INER: The certific should britis 3 should item, or right, or right, or r		PRIMARY SO OF CONTRIBUTING CAUSE OF DEATH
A sh the first fill but for the state of the short fill but for the state of the st	MEDICAL	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, foctory, street, office bldg, etc.) 20f (City or town) (County) (Stote)
L EXAM ecute th Page 4 ar yaur R:Page		p.m. 19 otwork L otwork L 21. I certify that I took charge of the remains described above, held an Autapsy 🔀, Inspection 🔀, Inquiry 📶, and in my opinic
₹ X , + O ⊆		death resulted from: Natural causes Accident , Suicide , Hamicide Undetermined manner
JTY MEDICA ry, please e eral d'ectar be retained RAL DIRECT		CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNET
essary, property funeral funer		DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
TO DEPUTY Incessory, p the funeral of 5 may be re TO FUNERAL Health prior	23 0	BUR AL CREMATION 236 DATE THEREOF 23c NAME OF SEMETERY OR CREMATORY 23d VOCATION (City or Town) (County) (Stote)
5 5 ± 2 5 ±		REMOVALSPRINT 21 6-29-69 West view Common Pompano Boach Britano A
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS SELLE 1/2 250 RECD BY REGISTRAR S SIGNATURE
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n	_ 1			00400		DIVISION 0	F VITAL RECORDS,	301 W. PR	RESTON ST	REET, BALT	IMORE,	MARYLAND 212	01	091	
				09186			CERTIFICATE OF DEATH								
- F	. 7.	- 1	1 DF	CEASED NAME	First		Middle		Lost		20 DA	TE OF DEATH			2b. HOUR
	death.			ype or print)	BERN		FRANKLI	NT B	MOORE		20. 07	Month	_ Doy	Year	915-2
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	ofter death he funeral ges I and ofter death		3. SE			4 RACE			5 DATE OF B			6 AGE (In year	rs IF	UNOER 1 YEAR	IF JHOER 21 HRS HOURS MIN.
	he days			Male			White		Feb.	12,	1889	logs birthdoy)	YRS.		
	ET A 18		70. E	IRTHPLACE (Stote or	foreign	7b. CIT-ZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MAR	RRIED	9. COUN	Y OF DEATH			
	FIVERS		COUNT	irginia		U.	S.A.	WIDOWED		RCED 🗍		WORCEST	ER		Md.
	E Bi		10 C	ITY OR TOWN OF DEA	TH	11	NAME OF HOSPITAL OR IN	STITUTION (If no	ot in hospital	12o. USU	AL OCCUPA	ATION (Kind of work	done	12b KIND OF I	BUSINESS OR I
	derely final carbon ant, with	,		ocomoke				Hall		quingm	shtr	actor	red)	INDUSTRG€ Buile	neral
1	ve car		30	LSUAL RESIDENCE (W	here deceo		tution Residence before	13c. CITY OR	TOWN	134 INSIDE CTY L		3e. STREET AND NUMB			
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	and com	1	14. F	ATHER'S NAME	First	Middle	Lost	15.	MOTHER'S M	AIDEN NAME	First	Mid	dle		Lost
	e g e			Laban	C	rippen	Moore			N.	lary	Jane	η	'homas	3
	cian cian eose ond			WAS DECEASED EVER	IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY	NO. 17. II	NFORMANT			Addı		24 0 101000	
	ertificate be physician ien please oval, and ii		Y	es, no, ar unknown) Yes	U//\d	war or dates of service;	214-32-	6668 1	Ars E	ıla I.	Mo	ore. Poc	omok	e Cit	w Md
	ph hen hen vor				77	1				1		7	Omor	APPROX.M	RATE INTERVAL
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	ot non			1 5	X		R AS A CONSEQUENCE OF	- 1	. 3.	10.	1	7 . 1	V	200	
	the the sit p			Conditions, if ony, a		(b)	Carci	111 21	4/	THE	00	red-Xee	0_	1.44	ans
	quires that the d physicion. signed by the oth burial-transit perr			stoting the underly		DUE TO, OI	R AS A CONSEQUENCE OF		. //					/	
-><	uires th hysicion gned by urial-tra			last.		(c)_									
1	requires that the deoth certificote be executed physicion. In signed by the ottending physician and color burial-transit permit. Then please remove to burial, cremation, or removal, and in any expenses.		Ш	PART 2. OTHER SIGN	IIFICANT CO	NOITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMINA	L DISEASE OR	CONDITION	GIVEN IN PART I(o)			
7,	ng en to		_												
-0	IAN: The fow re rail or ottending ficate has been for use as the Health prior to		CERTIFICATIO	190. DATE OF OPERAT	ION 19b	CONDITION FOR V	WHICH OPERATION WAS PI	RFORMED	20e AUTO	PSY?		Ob. IF YES, WERE FIND	INGS CONS	SIDERED IN CE	RTIFYING
	hos hos	X	TE E						YES	NO [) (AUSES OF DEATH?			
	of e 2			210 ACCIDENT WAS			OF INJURY		W INJURY OC			f injury in Port 1 or P	ort 2, Iter	n 18.)	
			MEDICAL	OR CONTRIBUTING						·					
	G PHYSICIAN the hospital of this certifical detached for te Dept. of He		ED.	(If either, notify me		PLACE OF INJUR		QUEORY, 1 21f IO	CATION Street	et or RED No	· · · · · · · · · · · · · · · · · · ·	City or Town		County	Stote
	PH P			While Not while		TOTAL OF HISOR	OFFICE BUILDING, ETC.	7	0111014 2110	or or Karlot Ho	/4	city of found		county	31012
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	by Affer Affer be Stot			saw the d	מו (ו) (וו	dive on	ttended the deceas	ea rram_2	that in (m	בילו <u>ו</u>	ارکے۔۔. ا	th occurred on	ha data	and haur	(I) (ave) idst
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	retair retair ECTO 3 sho with			22b SIGNATURE	0	7	0	MI	\	. /	par .		22¢ DA1	E SIGNED /	
				X	rack	en 1	radie	DEGR	ATTENDI EE PHYS	NG D	MED, Director	STAFF PHYS	6-1	15-6	9
	may be RAL DIS r, page be filed			22d PHYSICIAN'S		7			22e. ADI						7
	FR H	1		NAME (Type)C	harl	es W.	Trader, M			rket :	<u>St.,</u>	<u>Pocomoke</u>	, Ma	aryla	nd .
	O HOSPITAL Poge 4 may O FUNERAL I director, pog should be fil	,	230	BURIAL, CREMATION,	23ь.	DAJE	23c NAME OF	CEMETERY OF	KHNIKK		23d L	CATION (City or Town)	(County)	(Stote)
	5 5 5 5 K	K		BENDY A (STUTY)	1 6	-26-19	69 Fir	st Ba	ptist		Po	comoke C	itv-	Wor -	-Md.
	VR A15 MI	1	24.	PUNERAL DIRECTOR	1	V	ADDRESS			250 RECD I				CHATURE	
	30M REV 17	68		Ville It	· W.	atsen	Pocomoke	City	. Md.	DATUL	7	1969		Jan Marie	
			HR	obert H.	Wat	Son			,						





	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		09183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 09181
HEALTH DEPT.	1 D	ECEASED-NAME First Middle Lost 2g DATE KNOWN A Month Day Year 2h HONE
15 to 01	(Type or Print) EWARD WILLIS REDDEN DEATH MATED _ June 9 169 2:15 N
delay is and 3 to A3. Poge	3 2	EX 4 RACE S DATE OF BIRTH 6 AGE (in years if LMOER) YEAR if LMOER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR
2, and PM3. I		le White 4-4-1898 71 YRS June 947 1898 1969 5:10 M
		BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARR ED 9 COUNTY OF DEATH
Pages vith fort		Tyland U.S.A. W DOWED □ DIVORCED □ WORCESTER M
		It name of hospital or institution (if not in hospital USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Pocomoke City It name of hospital or institution (if not in hospital during most of working life, even if retired.) Pocomoke City It name of hospital or institution (if not in hospital during most of working life, even if retired.) It name of hospital or institution (if not in hospital during most of working life, even if retired.) It name of hospital or institution (if not in hospital during most of working life, even if retired.) It name of hospital or institution (if not in hospital during most of working life, even if retired.)
		Occomoke City Great Broad Street Galling Int. aventre Ite al. Parming USUAL RESIDENCE (Where deceased lived, finstitut an Residence before 13c city or Town 13d. Anside City Linkins 13e STREET AND NUMBER
will will be after a second a		Tarviand 136 Worcester Pocomoke YES NO 0 821 Second Street
hours after 18. G Office oloy		ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last
24 hours after of in Item 18. Give r's Office olarg vers 1 and 2 with the ris offer deoth		John Purnell Redden Cordelia Mason
hin 24 haurs ncil in Item I niner's Office pages 1 and 2 hours offer(s	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? [85, Ind., of unknown] (III yes gare wor or dates of service) 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
d within in pencil Examines File page		No 218-12-1661 Mrs Thelma F. Redden Pocomoke City Md
ol E		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I DEATH WAS CAUSED BY
e executed pending" in ef Medicol E nsit permit. I		IMMEDIATE CAUSE (a) Myorardial Cryarction minute
be expending the pending the p		Canditians, if any, which gave) DUE TO, OR AS A CONTEQUENCE OF Canditians, if any, which gave)
Id b Id b Chic		rise to immediate cause (a), (b)
should be executed with the word "pending" in perior the Chief Medical Example burial-fransit permit. File I in any event within 72		stating the underlying couse DUE 10, OK AS A CONSEQUENCE OF
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDIT ON GIVEN IN PART 1(a)
This certificate ficate, writing the be forwarded to lid be used as a bor, removal, and	N(
certifi writh orwar used movol	CATIC	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?
This cote, be for the feet for the feet for the feet feet for the feet feet feet feet feet feet feet	CERTIFICATION	YES NO
INER: This e certificate should be files. 3 should be origins.	\ <u>A</u>	PRIMARY OR CONTRIBUTING HOUR A.M.
EXAMINER: cute the certil oge 4 should ryour files. Page 3 should tryour files.	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State
XAM the the ge 4 your crem		WHILE NOT WHILE factory, affice building, etc.)
□ ⊇ ŏ . ≒		22a certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry Inquiry
ICAL EXPECTOR. Poged for purificial.		death resulted fram: Natural causes 📝, Accident 🗌, Suicide 🔝, Hamicide 🔝, Undetermined manner 🗍
please e l director retained		CHIEF MEDICAL EXAMINER
JIY please eral direction be retain prior to		ACTUAL SIGNATURE Land O. Tong MD ASSISTANT MEDICAL EXAMINER [270 DATE SIGNED] 10/0
SSOF Fune fune ay b NER		EXAMINER'S Iloyd O. Long, M.D. NAME (Type) 104 N Park St. Sport Hall Med 21863 ADDRESS(Street, city town, or county)
TO DEPUTY Decessory, the funeral S may be TO FUNERAL Heolth, pri	230	104 N. Bay Sc. Blow Ittl. Imerico
2 12 -	230	Burial 6-11-1969 Beth Eden Cemetery Worcester County, Marylan
2.	24	FUNERAL DIRECTOR ADDRESS 2SG RECTO BY REGISTRAR 256 REGISTRAR 5 S GNATURE
VR A15ME (\$)	1	Yourld. William Pocomoke City, Md. pull N 1 6 1969 Williamler Judge
	إسا	Robert H. Watson



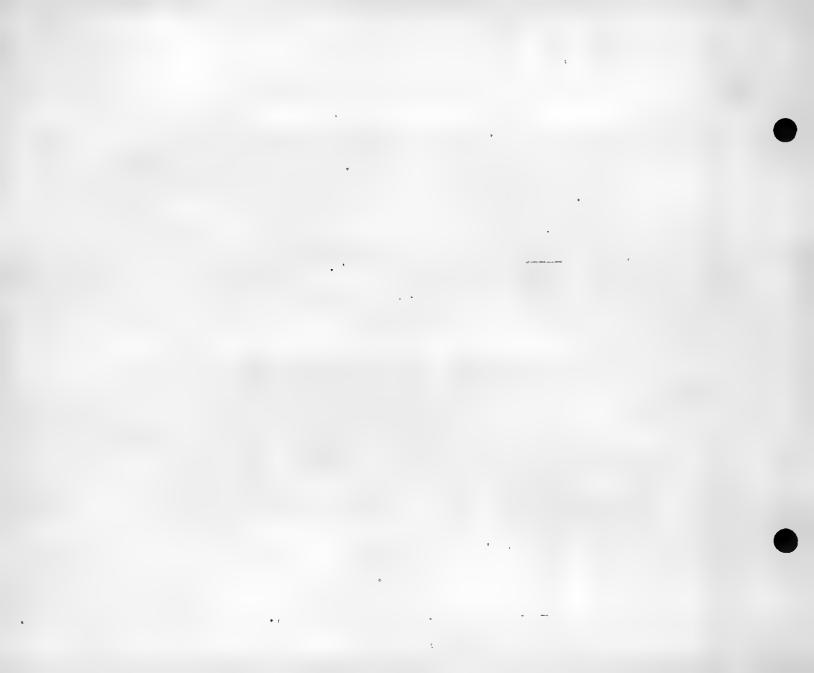
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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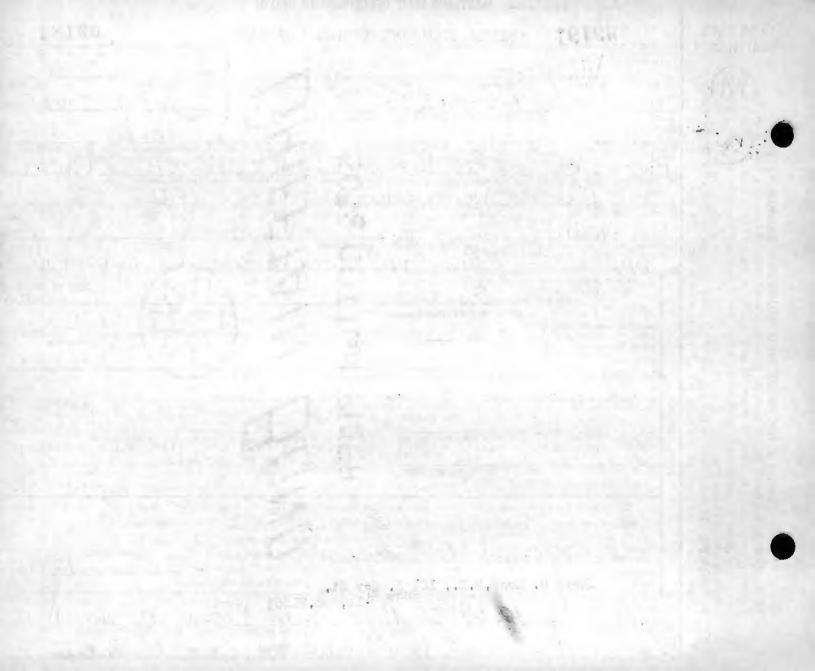
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09183 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME First Middle 2a DATE KNOWN DO 2b/BOUN" Month (Type or Print) Grant Drew Walker 19699:40 16 DEATH MATED IF JNDER I YEAR 3 SEX 4 RACE 6 AGE (n years IF JNDER 24 HRS S DATE OF BIRTH 24. DATE PRONOUNCED DEAD 2d HOUR Male White 9-16-19 PPK Year 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office olong with form country) Virginia be executed within 24 nours where Poges 1 "bending" in pencil in Item 18. Give Poges 1 U.S.A. WIDOWED [D YORCED | Worcester 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BURNESS OR TO during most of working life, even if retired) Well and City Blvd. Poultry Berlin 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. City OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER Plant odmission) STATE2 d 13 COUNT COMICO YES 💀 NO 🗌 Fruitland Brown Street land 2 14 FATHER'S NAME M.ddie Last IS MOTHER'S MAIDEN NAME First UNKNOWN Drew Walker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS Brown (wife) (Yes no grunknown) 266-05-3359 Marian Waller event within IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH Acute Coronary Occlusion IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Coronary Arter: Disease rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES NO pe 21a EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of nivry in Part 1 or Part 2, Item 18.) 21b TiME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, tarm, street, factory, affice building, etc.) 21d. N.URY OCCURRED 21f LOCATION Street or R. F. D. No. Crty or Town Equaty State WHILE MOT WHILE T 22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection x Inquiry x and in my apinian death resulted from: Notural causes . Accident . Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED the funeral SIGNATURE DEPUTY MEDICAL EXAM NER **EXAMINER'S** Schott, 5 may TO FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) Worcester 23a BLRIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) 6-19-1969 George Washington Cem. Les. Hyattsville, Prince George 6 24 FUNERAL DIRECTOR Hill Funeral Home Salisbury, Maryland Milanday Judge VR A15ME (5)

MAKTLAND STATE DEPARTMENT OF HEALTH



1 1	J.t.	18-21 Film 414 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE		199197 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	09184
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20, DATE KNOWN Month OF ESTI- DEATH MATED IN MIDDLE MATERIAL DEATH MATER	Doy Yeor 2b. HOUR 7 1969 M
The state of the s	3. 5		Year 1969 M
P. 2.	7a.	BIRTHPLACE (Stole or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7 19 (6 / m
death II	10.	OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done during most of vorking life, eyen if refired.)	126. KIND OF BUSINESS OR INDUSTRY
Mer der og sive	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13, 1979 OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dmission) STATE 13b. COUNTY CONSERVE TO TOWN YES NO TO THE TOWN TO THE TOWN THE TOWN TO THE TOWN THE	rarm
BALTIMORE, 24 hours affine 18. (s Office alas s land 2 with s after death		ATHER'S NAME First, Middle Last IS. MOTHER'S MAIDEN NAME First, Middle	O · last
	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or funknown) (if yes give war or dates of service) (2) (2) (3) (4) (5) (6) (7) (7) (7) (8) (8) (9) (9) (9) (9) (9) (9	Dishop
STR with purple Exar File	H	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V. PRESTON 5 be executed "pending" in nief Medical E ansit permit. F		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cashingle attor Oue to, or as a onsequente of	2 minutes
301 W. PRESTON auld be executed ward "pending" in the Chief Medical rial-transit permit. any event within		Conditions, if only, which gove rise to immediate cause (o), stating the underlying cause (DuE TO, OR AS A CONSEQUENCE OF	4 minutes
W = 5		lost. (c) Alcohol intoxication PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)	1-2 hours
ertificate st writing the warding to sed as a bu	N(Chronic Blockolin alapelism	
A ≥ 9.00	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
	MEDICAL CER	216. EXTERNAL CAUSE WAS NOT 216. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M.Approx. Probably fell off piling he cause of Death P.M.June 7, 1969 on at edge of river.	was sitting
3 + F 6 NO	5 MEI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town foctory, office building, etc.)	County Stote
For For Far	13	22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry	and in my apinian
EDIG Sase Frecto Ginec REC		death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
0_2_0		ACTUAL SIGNATURE EXAMINER'S ACTUAL SIGNATURE CONG	ne 12,1969
O DEPUTY necessary, the funera 5 may be O FUNERAI	239	NAME (Type) Lloyd O. Long, M. D., 104 N. Bay St. ADDRESS(Street, city, town, or county) BURIAL, CREMATION. 23b. DATE 23c. NAME OF CIMETER DISCREMARY 21863 23d. +9CATION (City or Town)	(County) (Stgte)
00-	24	SEMOVAL (Specify) 6-12-69 Findley'S Cem. FOCOMOKE) EMERAL DIRECTOR ADDRESS 1 250. REGISTRAR 25b. REGISTRAR'S	Nor. Md.
VR A15ME 5	也	anne Saver New Church, La. JUN 1 6 1969 Ordenne	a Budge



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FOR STATE		11919	4	MED	ICAL EXA	MINER'S	CERTIF	ICATE (OF DEAT	TH		U	918	
HEALTH DEPT.	1. D	ECEASED-NAME Type or Print)	Fire	t	M	iddle		Lost		20. DATE OF	KNOWN X		oy Year	2b. HOUR
ay is 3 ta Page ent of	-(ROBEI	RT	RANI		1010	CAVER		DEATH	MATED	6 -	16 196	2 7 100
delay and 3 M3. Pag tment	3. 5		4. RACE	S. DATE OF		6. AGE (In last birthd	years IF UND lay) MONTHS	DAYS DAYS	HOURS IN	AC DAIL	PRONOUNCED		Yeor	2d. HOUR
any delay (1, 2, and 3 m PM3. Page Appentment		lale	White	2-2-		79	YRS.			WIN, Mong		198	19 (98:10 M.
E B		BIRTHPLACE (Stote			WHAT COUNTRY?	8.	MARRIED		RIED 9.	COUNTY OF D		n		
The second second		Phnsylv			S.A.	TAL AP INCL	WIDOWED X	4		WORC AL OCCUPATION	ESTE		26 KIND OF	Md.
24 haurs after death in Item 18. Give Pages 1, r's Office along with farm es 1 and 2 with the State De irs often death.		comoke		giv	NAME OF HOSP			nue	dwing mo	st of working.	ife, even if r	etired.)	26. KIND OF NOUSTRA ET	reral
Give and a series		USUAL RESIDENCE		sed lived, if ins	stitution: Residen	re before 13c	city or fow	N 13d.	INSIDE CITY LIMIT	57 13e. STRE	ET AND NUME	ark ark	e Av	TIR
s af		drission alare		13b. COUNT	brceste	er I	Pocomo		YES X NO [Villo			
haurs after Item 18. Gi Office alan I and 2 with	14. F	ATHER'S NAME	First		idle	Lost	IS. MOT	THER'S MAID	EN NAME	First	Mid			Lost
24 h		J	ohn			Weaver				-1	ınknoı	wn-		
ncil in min 24 miner's pages Haurs	160. (y	WAS DECEASED EV	ER IN U.S. ARMED	FORCES? wer or dates of service	16b. SOCIAL S		17. INFOR				ADDRES		-	
d within 24 hours after death. Learniner's Office along with farm File pages 1 and 2 with the State De	,	No	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		214-	16-450	D8 Nel	son	Weave	r. Doy	zer,]	Penns		TIA MATE INTERVAL
			DEATH (Enter of		er line for (o) (b)), and (c).)	- 1	10 "	OF 11 4 40			C . M	BETWEEN OF	NSET AND DEATH
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be executed "pending" in sief Medigal Eursit permit Fevent within		Conditions, if o	ny, which gave) ".	OR AS A CONSEC	TISP IN	SEL	15780	TU	14/172	0-1	DICK	11-	TIRS
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shauld be e se word "per to the Chief I burial-transit		last.	derifing coose	(e)										
が 幸幸 中		PART 2. OTHER S	IGNIFICANT CON	DITIONS CONTRIE	BUTING TO DEATH	BUT NOT REL	ATED TO THE T	ERMINAL DIS	SEASE OR CON	DITION GIVEN II	N PART I(o)		-	
iffica iffica arde as al. o	NO													
wer wer war	CATIC	190. DATE OF O	PERATION			ON FOR WHICH	H OPERATION						20. AUTO	
MER: This certific e certificate, writin shauld be farward files. 3 shauld be used as nation, ar remaval.	MEDICAL CERTIFICATION	210. EXTERNAL (ALICE WAS	216 TIME	OF INJURY Month	Day Vens	21c HOW	WILLDA ULC	TIPPEN (Enter	noture of injur	in Part 1 au	Part 7 Har	YES	NO [
(編出 B G / /	18	PRIMARY O	R CONTRIBUTING		R A.M.	10	210, 11011	IIIDORI OCC	OKKLD (CITIE)	noruse of injur	/ III FOR 1 OI	1 1 1 1 2, 1(0)	11 10.)	
KAMINER: te the certi ge 4 shauld your files. 'age 3 shau crematian,	MEDI	21d. INJURY OCC	URRED 21e.	PLACE OF INJUR	P.M. Y (At home, form	n, street,	21f. LOCAT	10N Street or	r R.F.D. No.	City	or Town	-	County	State
SXAM ure th your your Page crem		AT WORK	T WHILE T	octory, office bui	lding, etc.)									
DEPUTY COLOR EXAMINER: seessary, please execute the cert are funeral director. Page 4 shault may be retained far your files. FUNERAL DIRECTOR: Page 3 shauld the priar to burial, crematian.		22a. I	certify that I	taak charge o	of the remains	described o	bave, held o	on Autop	osy 🗍,	Inspection	XI. Inc	uiry 🔀	and in	my apinian
ICAL E) e executor. Paged far paged far purial,		death re	sulted from:	Notural c	auses X,	Accident [], Suicid	ie [],	Hamicide		termined r			
please direct direct retaine DIREC		LATURE .	1	NJ. A	1	01	1	CHIEF	F MEDICAL EXA	AMINER .				2 .
JTY Diese ry, please eral direct be retaine RAL DIREC		ACTUAL SIGNATURE	1/0	guym	1 /6	7/1	rar	168775	STANT MEDICAL			226. DATE SI	GNZD//	10
DEPUTY CADICA necessary, please extended director. S may be retained in FUNERAL DIRECTOR.		EXAMINER'S NAME (Type)	Pal	pert C	. LaMaj	n M T	0			XAMINER X	ID 90%	22242	1191	27
ro DEPUTY necessary, the funera 5 may be 0 FUNERA	230			DATE		-	ETERY ON TRAIN		4" Day	23d. LOCATION		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(ounty)	ryland (Stote)
5 5 -		REMOVAL (Speci	fu)	5-19-19			erlin							Penna.
	24	FONERAL DIRECT				ADDRESS	100000		2So. REC'D B	Y REGISTRAR	25b. RE	GISTRAR'S SI	GNATURE	Jan 1
VR A15ME (5) 10M REV. 1/68	1	Vehret	N. 11	Wison	Pocor	moke (Citym	Md.	ONUN 1	8 1969	3 Acc	ionly	you h	-
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